

PATENT APPLICATION DECLARATION
COMBINED WITH POWER OF ATTORNEY

Attorney's Docket No.: CM02883J



Regular (Utility)



Design Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR IMPLEMENTING
WAVELET FILTERS IN A DIGITAL SYSTEM

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign/PCT Application(s):



no such application(s) filed



such application(s) identified as follows:

Application Number	Country	Date of Filing (day, month, year)	Priority Claimed Under 37 U.S.C. 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Provisional Application Serial No.: (see last sheet hereof)

Provisional Application Filing Date: (see last sheet hereof)

* **Note:** Provisional application serial number and filing information is provided on the last sheet hereof.

I hereby claim the priority benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which is material to the examination of this application and which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. Application(s):



no such application(s) filed



such application(s) identified as follows:

Application No.	Filing Date (day, month, year)	Status (Patented, Pending, Abandoned)

I HEREBY APPOINT THE FOLLOWING AS MY ATTORNEY(S) OR AGENT(S) WITH FULL POWER OF SUBSTITUTION TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

NAME(S)	REG. NO.(S)	ASSOCIATE POWER OF ATTORNEY ATTACHED	
Daniel K. Nichols	29,420	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Val Jean F. Hillman	34,841	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Frank M. Scutch, III	34,484	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Juliana Agon	33,468	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Lesley A. Rhyne	34,909	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Andrew S. Fuller	37,328	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Dale W. Dorinski	35,122	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M. Mansour Ghomeshi	35,155	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Barbara R. Doutre	39,505.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Scott M. Garrett	39,988	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Felipe J. Farley	38,445	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Send correspondence to:

Motorola, Inc.
Intellectual Property Law
8000 West Sunrise Boulevard
Fort Lauderdale, Florida 33322

Attention: Barbara R. Doutre

Direct telephone calls to: (954) 723-6449
Direct faxes to: (954) 723-3871

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first-named joint inventor <u>YOLANDA PRIETO</u>		
Inventor's signature <u>Y. Prieto</u>	Date <u>12/18/98</u>	
Residence <u>Miami</u>	Florida	
City	State or Foreign Country	
Citizenship <u>United States of America</u>	Country	
Post Office Address <u>5871 S.W. 15th Street</u>	Street Address	
<u>Miami</u>	<u>Florida</u>	<u>33144</u>
City	State or Country	Zip Code

Full name of second-named or sole inventor <u>JOSE I. SUAREZ</u>		
Inventor's signature _____	Date _____	
Residence <u>Coral Gables</u>	Florida	
City	State or Foreign Country	
Citizenship <u>United States of America</u>	Country	
Post Office Address <u>4117 Anderson Road</u>	Street Address	
<u>Coral Gables</u>	<u>Florida</u>	<u>33146</u>
City	State or Country	Zip Code

Full name of third-named joint inventor <u>YOLANDA M. PIREZ</u>		
Inventor's signature <u>Yolanda M Pirez</u>	Date <u>12-18-98</u>	
Residence <u>Davie</u>	Florida	
City	State or Foreign Country	
Citizenship <u>United States of America</u>	Country	
<u>ym Pirez</u> 3488	3488 Southwood Court	
Post Office Address	Street Address	
Davie	Florida	33328
City	State or Country	Zip Code

Full name of fourth-named joint inventor _____		
Inventor's signature _____	Date _____	
Residence _____	State or Foreign Country	
City	State or Foreign Country	
Citizenship _____	Country	
Post Office Address _____	Street Address	
City	State or Country	Zip Code

Full name of fifth-named joint inventor _____		
Inventor's signature _____	Date _____	
Residence _____	State or Foreign Country	
City	State or Foreign Country	
Citizenship _____	Country	
Post Office Address _____	Street Address	
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METHOD AND APPARATUS FOR IMPLEMENTING
WAVELET FILTERS IN A DIGITAL SYSTEM

the specification of which:



is attached hereto



was filed on:

December 28, 1998

as U.S. Serial No.:

09/221,434

and was amended on _____

(if applicable)

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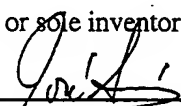
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Full name of second-named or sole inventor			JOSE I. SUAREZ		
Inventor's signature				Date	
				2/5/99	
Residence		Coral Gables		Florida	
		City		State or Foreign Country	
Citizenship		United States of America			
		Country			
Post Office Address		4117 Anderson Road			
		Street Address			
Coral Gables		Florida		33146	
City		State or Country		Zip Code	